Step by Step Instruction:

How to Complete the New Sponsor Application Forms for the National School Lunch Program



Released August 2015

"How to Complete the Application Forms for the National School Lunch Program" is intended for the School Food Authorities in the state of Arizona. All regulations are specific to operating the National School Lunch Program under the direction of the Arizona Department of Education

Objectives

This training will

- Identify all forms required to be submitted to Arizona Department of Education (ADE) to apply as a New Sponsor for NSLP, and
- Provide instructions on how to complete the New Sponsor Application Forms for the National School Lunch Program (NSLP).

How to
Complete the
Application
Forms for the
National School
Lunch Program

Required Forms	Slide #s
Sponsor Application Process Statement	Slide 5
Food Program Permanent Service Agreement	Slides 6-9
ADD / CHANGE / DELETE	Slide 10
Common Logon Permissions Request for NSLP.	Slides 11-12
Free and Reduced Price Policy Statement	Slides 13-14
Civil Rights Pre-Award Compliance	Slide 15
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DUNS Number Form	Slide 17
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If Applicable Section:	Slides 21-23

The following slides will only cover how-to instructions for completing the application forms. If further guidance is needed on applying for the NSLP, please refer back to the ADE webpage; How to Apply.

New Sponsor Application forms

All documents need to be signed by the Designated Official. The Designated Official is listed on the Signature Page, page 18 of the Food Program Permanent Service Agreement (FPPSA)

- All forms must be submitted in hard copy to the Arizona Department of Education's (ADE) Health and Nutrition Services Child Nutrition Programs (CNP) office.
- Click <u>here</u> to access the New Sponsor Application forms on the ADE How to Apply Webpage.

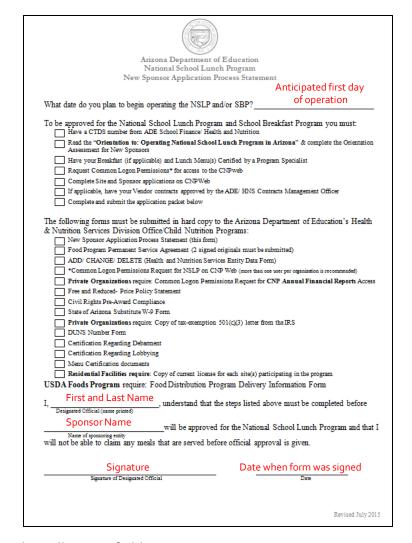
Mail original documents to:

National School Lunch and Breakfast Programs
Arizona Department of Education
1535 W. Jefferson, Bin #7
Phoenix, AZ 85007

New Sponsor Application Process Statement

This document should be used as a checklist to provide a complete application package.

Sponsor Application Process Statement

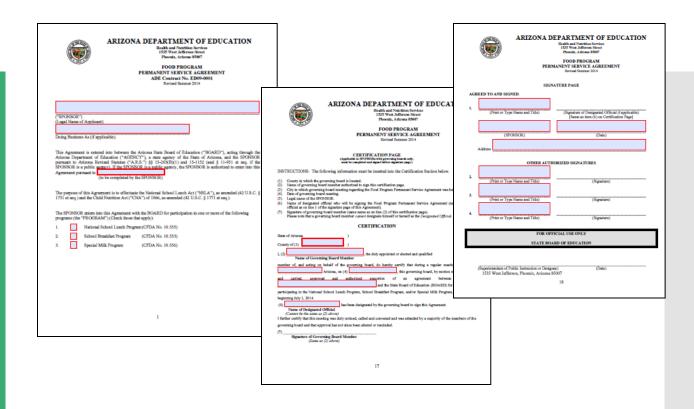


- Complete all empty fields.
- Check off all of the boxes as you complete them.
- When all of the boxes have been checked off, the Designated Official signs and submits this document as the cover page with all application forms.

Food Program Permanent Service Agreement (FPPSA)

The FPPSA is a legal contract between the Arizona Department of Education (ADE) and the Local Education Agency (LEA) participating in one or more child nutrition programs. Reimbursement may only be made to those LEAs who have a current agreement with the ADE.

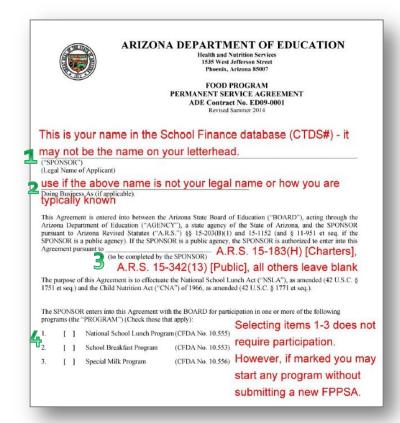
Food Program Permanent
Service Agreement



- FPPSA is a total of eighteen pages. Applicants must complete all empty fields found on pages 1,17 and 18. The following slides will review these pages.
- Send <u>two</u> originals (full 18 pages).
- All documents must be signed by the Designated Official (not the Board Member) on the Food Program Permanent Service Agreement (FPPSA).
- All signatures must be original (no felt pens, stamps or scanned images).
- Do not use correction fluid or tape.

Food Program Permanent Service Agreement (FPPSA) (continued)

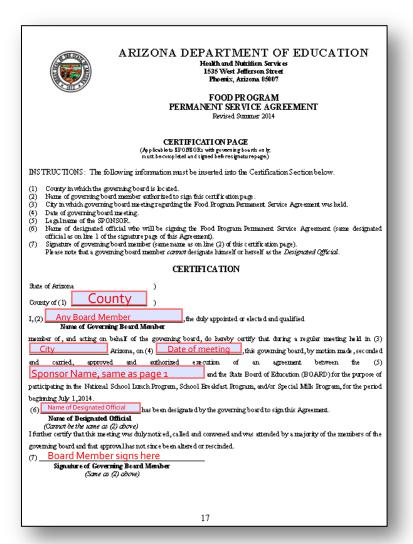
Page 1 of the FPPSA



- **1. Sponsor** Enter the name given when provided a CTDS#. Do not abbreviate your Sponsor name unless that is how you are registered with School Finance. (ex: St. vs Saint) This may not be your legal name. It is okay to add your District number.
- **2. Doing Business As** Only applicable for Sponsors whose legal name or name that is commonly used does not match the name provided by School Finance.
- 3. Public programs are required to include the Arizona Revised Statutes (A.R.S.) that allow them to enter into this agreement. The blank line at the end of the first paragraph should be filled in with the A.R.S. for the specific type of sponsor:
 - School Districts would use: A.R.S. 15-342(13)
 - Charter Schools would use: A.R.S. 15-183(H)
 - Private and BIA Schools leave blank.
- 4. Put a check mark or X within the [] to indicate which program you wish to participate in.

Food Program Permanent Service Agreement (FPPSA) (continued)

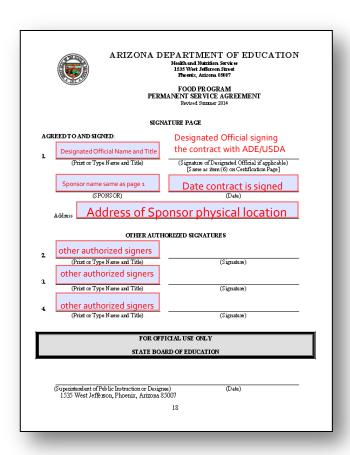
Page 17 of the FPPSA



- Complete lines (1) –(7) using the guidance on the form above.
- In line (2), if you do not actually have a board, please write "No Governing Board" on the page.
- Any board member may designate any other person to be the Designated Official. The board member cannot be the Designated Official. The Designated Official should be the most readily available person who can make a decision or sign a contract for NSLP.

Food Program
Permanent
Service
Agreement
(FPPSA)
(continued)

Page 18 of the FPPSA

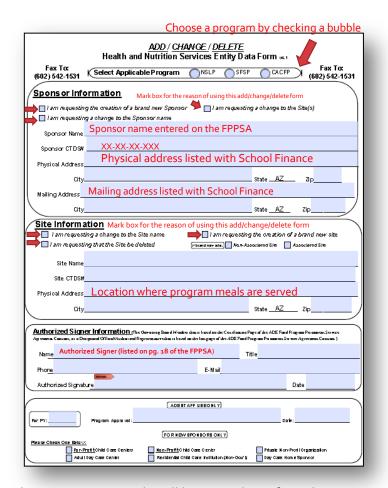


- The Designated Official and Authorized Signers will be the only authorized representatives of the LEA to sign documents submitted to ADE for the NSLP and any other program that requires NSLP participation.
- All fields in section 1 must be completed.
- ADE recommends providing additional Authorized Signers in sections 2-4. The Designated Official should not sign again on number 2-4. It is not necessary to have board members as authorized signers. The purpose of requesting other authorized signers is to allow those individuals administering the program to be able to sign operational and routine program documents/updates.

ADD / CHANGE / DELETE Form

The purpose of this form is to formally request the Sponsor and participating sites to be added to the electronic Child Nutrition Programs (CNP) system.

ADD / CHANGE / DELETE



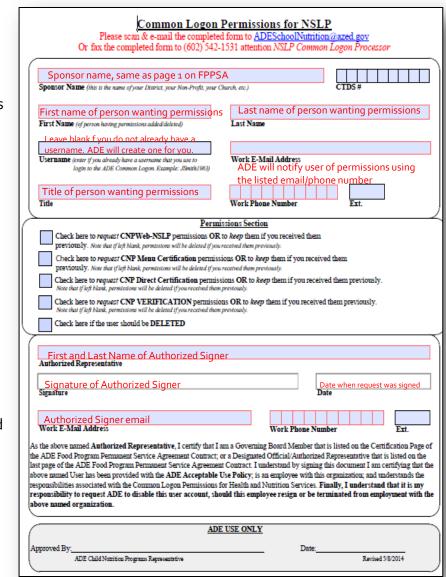
- The location where program meals will be served is referred to as a site.
- The Sponsor name must match the name listed in the School Finance Database, found on page 1 of your FPPSA.
- This form must be signed by an authorized signer, found on page 18 of your FPPSA.
 Electronic signatures are not accepted by NSLP.
- If you are adding more than one site, there is an additional page. Each page must be signed.

Common Logon Permissions Request for NSLP

The ADE Common Logon is designed to encompass all Web applications at ADE for the purposes of allowing uniform access into all systems. Once granted a username and password, the user will have all requested "web applications" from different divisions listed on their Common Logon Home Page.

Common Logon Permissions
Request for NSLP

- Follow all of the instructions provided on the form.
- Permissions Section:
 Check off which CNP
 Applications the user will have access to. The following slide will review each of these CNP
 Applications.
- Authorized Representative must sign to approve this request.
 - Only an individual listed on the signature page 18 of the FPPSA can sign as an authorized signer.
 - Please list the authorized signers work E-mail address and work phone number. ADE will use this contact information to notify if.



Common Logon Permissions Request for NSLP (continued)

Permissions Section

It is recommended that only those individuals who will be completing specific tasks have access to the different Common Logon Child Nutrition Program (CNP) Applications.

CNP WEB-NSLP

- After the original paper application is approved, Site and Sponsor applications are entered into CNP Web. This must be done at the beginning of each Program Year.
- Claims for meal reimbursement are entered in CNP Web.

CNP MENU CERTIFICATION

 Used to upload or check documents used for Menu Certification which is currently part of the approval process.

CNP DIRECT CERTIFICATION

 Users will have access to enrolled students participating in Assistance Programs (SNAP, TANF, Foster)

CNP VERIFICATION

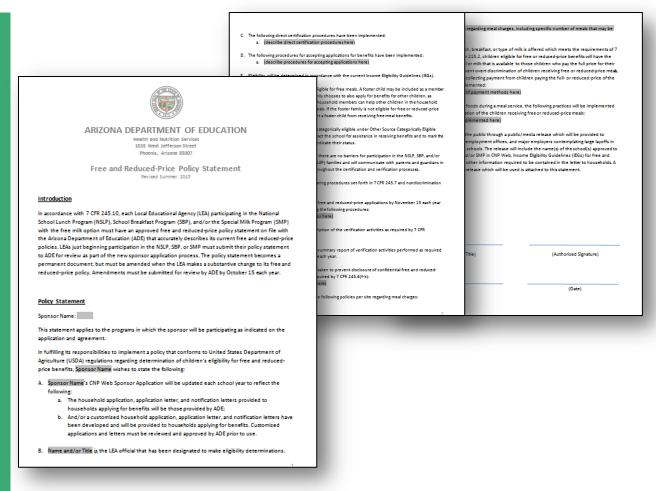
 Access to submit the required Verification Summary Report.

e	Common Logon Permissions for NSLP Please scan & e-mail the completed form to ADESchoolNutrition@azed.gov Or fax the completed form to (602) 542-1531 attention NSLP Common Logon Processor
al	
9	Sponsor Name (this is the name of your District, your Non-Profit, your Church, etc.) CTDS #
	First Name (of person having permissions added/deleted) Last Name
	Username (enter if you already have a username that you use to login to the ADE Common Logon. Example: Jönuth 1983) Work E-Mail Address
	Title Work Phone Number Ext.
	Permissions Section
•	Check here to request CNPWeb-NSLP permissions OR to keep them if you received them previously. Note that if left blank permissions will be deleted if you received them previously. Check here to request CNP Menu Certification permissions OR to keep them if you received them previously. Note that if left blank permissions will be deleted if you received them previously. Check here to request CNP Direct Certification permissions OR to keep them if you received them previously. Note that if left blank permissions will be deleted if you received them previously. Check here to request CNP VERIFICATION permissions OR to keep them if you received them previously. Note that if left blank permissions will be deleted if you received them previously. Check here if the user should be DELETED
e l	Check here it the user should be DELETED
-	Authorized Representative
ts	Signature Date
is	Work E-Mail Address Work Phone Number Ext.
	As the above named Authorized Representative, I certify that I am a Governing Board Member that is listed on the Certification Page of the ADE Food Program Permanent Service Agreement Contract; or a Designated Official/Authorized Representative that is listed on the last page of the ADE Food Program Permanent Service Agreement Contract. I understand by signing this document I am certifying that the above named User has been provided with the ADE Acceptable Use Policy, is an employee with this organization; and understands the responsibilities associated with the Common Logon Permissions for Health and Nutrition Services. Finally, I understand that it is my responsibility to request ADE to disable this user account, should this employee resign or be terminated from employment with the above named organization.
	ADE USE ONLY
e	Approved By:
L	

Free and Reduced Price Policy Statement

This statement outlines regulations for determining children's eligibility for free and reduced-price benefits in the NSLP, SBP and SMP. This policy statement is considered a permanent document and shall apply to the program(s) indicated on the most recent FPPSA.

Free and Reduced Price
Policy Statement



- Fill in all grayed areas of the Free and Reduced Price Policy Statement.
- All fields requesting "Sponsor", please enter the Sponsor name listed on page 1 of the FPPSA.
- The last page will require the signature of an Authorized Signer. This signer must be listed on page 18 of the FPPSA.

Civil Rights Pre-Award Compliance

The Arizona Department of Education (ADE) is required to conduct a pre-award civil rights compliance review of unfunded Sponsors applying for a Child Nutrition Program.

Civ	Child Nutritic Il Rights Pre-A New Spon	ward Complian	ce			
Sponsors of the Child Nutrition Pro The Program's availability and non-			to publicize			
Free and Reduced-Price Letter to Parents Public Release (Publicized Other materials used to	by AZ Department of Edu	cation) 's availability and nondi	scrimination require			
Please submit the following infon	mation prior to the r	eceipt of federal fund	s			
1. Sponsor Name:	1. Sponsor Name: Phone:					
Address:	Address: Fax Zip Code: Enail:					
		E-mail:				
	ENROLLED	hnic Data	SERVICE ARE A			
Black /African American*						
V/hite*						
Hispanic/Latino						
American Indian/Alaska Native*						
Asian* Native Hawaiian/Pacific						
Islander*						
Comp. Other Depo/elth						
Some Other Race(s)*† Total						
Total Race alone not Hispanic or Latino						
Total		for admission? If yes,	please describe:			
Total Race alone not Hispanic or Latino † Includes 2 or more races		for admission? If yes,	please describe:			
Total Race alone not Hispanic or Latino † Includes 2 or more races	ents as a prerequisite		·			
Total Race alone not Hispanic or Latino † Includes 2 or more races 3. Are there membership requirement	ents as a prerequisite	sistance to your organi	zation:			

- Complete number 1 following the instructions provided on the form. When entering the Sponsor Name, please enter the name as shown on page 1 of the FPPSA.
- Complete Racial and Ethnic Data table.
 - Enrolled % and Service Area columns should total 100%.
 - Complete the Service Area % Column by clicking on the URL link located in the instructions of #2.
- Answer # 3, 4, and 5 if applicable, if not; please enter N/A.

State of Arizona Substitute W-9 Form

This form is required by Finance and Operations for Sponsor's to receive reimbursement for claims.

State of Arizona
Substitute W-9 Form

September of		State	e of Arizo	ona Su	bstitute \	N-9 & Vendo	r Autho	rization	Form		
Guard	Purpose: Establish or update a vendor account with the Statu of Artzona. This form meets the Federal requirements to request a tax payer lidentification number (TIM), request certain certifications and claims for exemption, as well as the State of Artzona requirements for vendor										
establishment.											
	Instruction	s: Complete	form If	2. You a	are a vendor tha	(including a resident t provides goods or se	ervices to an	Arizona state a	gency; AND	,	
3. You will receive psymant from the State of Artzona. Return completed form to the state agency with whom you do business, for review and authorization.											
				Instructio	nsat <u>www.irs</u>	gov for details on o	empleting th	is form.			
Type of Requ	est (Mustse	lect at least New Location		Change 15	elect the type(s	☐ Tax ID	Legal N	ıme 🔲 Enti	ty Type	Minority Busi	ness Indicator
New Reques	t C (Adk	ditional Mail C		change (s	rom the followin	g: Main Ad	dress 🔲	Remittance Ad	dress 🔲	Contact Inform	nation
Taxpayer Ide	ntification	Number (T	N) (Provide	ONE On	ily)						
Social Security Num	ber (SSN)	7-	—		OR Federa	l Employer Identificat	ion Number	(FBN)	7- 🗀		
Entity Name	Must Provide	Legal Nam	e (*Mustm	atch SSN	or FEIN give	n. If Individual or	Sole Propr	ietorship ent	er First, M	liddle, Last No	sme.)
Legal Name*											
Entity Type	fust Select Or	ne of the Fo	llowing (Cod	ling (X#)	is for Internal	Purposes Only)					
○ Individual/Sol	Proprietor or S	Sole Proprieto	r organized as i	LLC, PLLC	(61) (State o	f Artzona employee	(1E) ST.	ATE HRIS EIN			
	OT providing h					LLC organized as corp			th care, med	acal or legal ser	vices (SA)
Corporation p	roviding health	care, medical	or legal service	s (5M)	() ЩС,Р	LLC organized as corp	oration pro	iding health ca	re, medical	or legal services	(5M)
Partnership, LL	P or Partnership	organized as	LLCorPLLC ((SC)	A state	, a possession of the	US, or any of	their political s	ubdivisions	or instrumental	itles (4G)
 An internation 	al organization o	or any of its ag	encles/Instrum	nentalities	(SU) Other	Tax Reportable Entity	(SP)				
○ The US or any	or its political sui	bdivisions or i	nstrumentaliti	es (2G)	Other:	Tax Exempt Entity (5H) D:	scription			
Minority Bus	iness Indica	tor Must s	elect one of	the follow	wing (Coding (X#) is for i	nternal pu	rposes only)			
Small Business			(ısiness-Hispanic (3)				s- African Ameri	can (04)
Small Business- Small Business-		ın (23)	2			isiness- Native Americ isiness- Other Minorit				s-Asian (32) s-Hispanic (7	۵.
Small Business			6	Woman	Owned Business	(03)				s- Native Ameri	
Small Business- Small Business-			2		Owned Business Owned Business	- African American	(17)	Minority Ow Non-Profit, E		s- Other Minorit	y (02)
C Small, Woman (wned Business	(06)	5			- Assan (10) - Hispanic (19)				or Non-Woman	0wned
Small, Woman			fcan (29) 🤇			- Native American (Business (00)		(net	
Small, Woman (e is to be mailed	Other Minority (08		Individual, N			ame as Main
Main Addres		irormacion an	a ganerai corre	sponuero	e is to be male:			шеге раушеги	is to be man		unic us man
	m					DBA\Branch\Locatio	n				
Address						Address					
City		State	•	Zip code		City		State		▼ Zipcode	
Vendor Cont	act Informat	tion									
Name							Title				
Phone #		Ext.		Fax			Email				
Certification		pt from bac	kup withhol	ding							
Under Penalties of per 1. The number shown	on this form is my	correct taopayer	identification nu	mber (or La	en waiting for a nu	mber to be issued to me	AND				
2. I am not subject to b result of a failure to res	actoup withholding ort all interest or d	g because: (a) l a dividends, or (c)	m exempt from I the IRS has notifi	backup with ed me that i	holding or (b) i ha i am no longer sub	we not been notified by ject to backup withhold	heintemaike ng AND	venue Service (IR	S) that I am su	ibject to backup w	Othholding as a
l 3. Jam a U.S. person (in	ctudina U.S. reside	ent aften).									
dividends on your tax	etum. For real est	ate transactions	item 2 does not	apply. Form	nortgage interest p	are currently subject to b said, acquisition or abore u are not required to sign	tonment of se	oured property, co	ancellation of	dabe, contribution	rs to an
The Internal Reve	ue Service do	es not requir	e your consen	t to any p	rovision of this	document other the	in the certif	cation require	d to avoid i	backup withhol	lding.
Signature					Title				Date		
BTATE OF ARIZO	NA <u>AGENCY</u> L	JSE ONLY -	AGENCY AUT	HORIZAT	TION			VENDOR	R: DO NOT	WRITE BELO	W THIS LINE
State HRIS EIN			Print Name				Signatur	·			
AGY	Title		Pi	one#		Email			Date	•	
STATE OF ARIZO	NA GAO USE	ONLY				VE	IDOR & ST	ATE AGENC	r: DO NOT	WRITE BELO	W THIS LINE
IRS TIN Matchin	q Corp	oration Comm	nission								
HRIS	GAO-03	Other	Vendo	r Number			Processed	by	Date Proc	essed	

- Follow the instructions provided on the form.
- ADE will only accept the W-9 in this form.
- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section, you will need to provide a copy of the IRS approval letter.

DUNS Number Form

D-U-N-S Number assignment is FREE for all businesses required to register with the US Federal government for contracts or grants.

DUNS Number Form

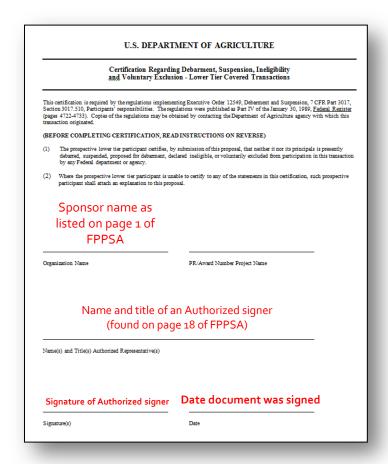
Mandatory Reporting of DUNS Number WORKSHEET **Sponsor Name:** Sponsor name as listed on page 1 of FPPSA Sponsor CTDS: CTDS # that School Finance assigned to your school Sponsor DUNS Number: List the # that was obtained through this link: http://fedgov.dnb.com/webform

 The Data Universal Numbering System or DUNS number is Dun & Bradstreet's copyrighted, proprietary means of identifying entities using a unique nine-digit identification number. If you do not already have a DUNS number you must request one online by going to http://fedgov.dnb.com/webform.

Certification Regarding Debarment

This form notifies the state of Arizona that the Sponsor will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

<u>Certification Regarding</u> <u>Debarment</u>



- This is a one page form with one page of instructions.
- Please only submit and complete page 2.

Certification Regarding Lobbying

This form notifies the state of Arizona that the Sponsor will not knowingly do business with any organization that has been suspended or disbarred from operating any government program.

<u>Certification Regarding</u> <u>Lobbying</u>

CERTIFICATION REGARDING LOBBYING Applicable to Grants, Subgrants, Cooperative Agreements, and Contracts Exceeding \$100,000 in Federal Funds. Submission of this certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code, This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. The undersigned certifies, to the best of his or her knowledge and belief, that: (1) No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative Agreement, and the extension, continuation, renewal, amendment, or modification of a Federal contract, grant, loan, or cooperative Agreement. (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant or cooperative Agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. (3) The undersigned shall require that the language of this certification be included in the award documents for all covered subswards exceeding \$100,000 in Federal funds at all appropriate tiers and that all sub recipients shall certify and disclose accordingly. Sponsor Name Designated Official/ Authorized Signer Name/Title of submitting Official Signature of Authorized signer Date document was signed

		ing activities pur blic burden disclo	suant to 31 U.S.C. 1352 sure.)		
Type of Federal Action: a contract b. grant c. cooperative agreement d. loan guarantee e. loan insurance	2. Status of Fe a bid/off b. initial a c. post-aw	er/application ward	Report Type: a initial filing b material change For Material Change Only: year		
Name and Address of Reporting Entit Prime	•	H Reporting Entity in No. 4 is Subawardee, Enter Name Address of Prime Congressional District, if Rnown: Federal Program Name/Description CFDA Number, if applicable:			
6. Federal Department/Agency:					
8. Federal Action Number, if known:		9. Award Amount, if	linown: \$		
10. a. Name and Address of Lobbying E (if individual, last name, first nam (attach continuation sheet(s) SF-LLL-A. 11. Amount of Payment (check all that e.s.)	if necessary)	(last name, first name (attach continuation s	heet(s) SF-LLL-A, if necessary) (check all that apply):		
12. Form of Payment (check all that app a cash b. in-kind; specify: nat	nly): ture	c commission d contingent fee e deferred f other, specify:			
 Brief Description of Services Perform Member(s) contracted, for payment indice 					
15. Continuation Sheet(s) SF-LLL-A att	ached: Ves	■ No			
16. Information requested through this 5 by tritle 31 U.S.C. section, 1352. This of activities is a material expresentation of reliance was placed by the tier above wh was made or entered into. This disclosur pursuant or 31 U.S.C. 1352. This inform reported to the Congress semi-annually available for public impaction. Available for public impaction	closure of lobbying fact upon which en this transaction re is required tation will be and will be son who fails to file o a civil penalty of	Title:	Date:		

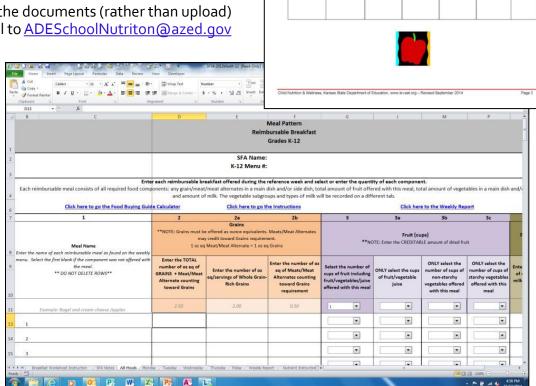
- This is a two page form with one page of instructions.
- Please complete page 1 and 3.
- The instructions request a list of lobbying activities. If you do not lobby, indicate so on the 3rd page by putting an "X" in the box at the top of the page(located by arrow).

Menu Certification

I FAs must ensure their menus are in compliance with the meal pattern. Menu Certification is the process where LEAs input their menus on USDA **Certification Worksheets** that indicate if meal pattern requirements are being met.

Follow the Step by Step Guidance for How to Prepare a Certification Package located at: http://www.azed.gov/healthnutrition/nslp/menu-certification/

- Requires one week of menus
- Requires matching nutrition worksheets
- Submit the documents (rather than upload) via email to ADESchoolNutriton@azed.gov



Healthier Kansas Menus-Breakfast - DAILY PRODUCTION RECORDS

Menus for the Week

PLEASE NOTE:

THURSDAY

TUESDAY

ored or 1% unflavored milk

538

FRIDAY

Only submit to ADE if applicable.

501(c)(3)

For Private Organizations Only - Copy of taxexemption 501(c)(3) Letter from the IRS

- If you selected Non-Profit, IRC § 501(c) in the Minority Business Indicator section of the AZ-W9, please provide a copy of the IRS approval letter.
- We do not accept the IRS letters indicating you have applied for tax exemptions.

Only submit to ADE if applicable.

Operating License

For Residential Facilities only - Copy of current operating license

- A license for each site(s) participating in the program is required.
- Non-health facilities are licensed by DES
- Healthcare facilities are licensed by DHS

Only submit to ADE if applicable.

Caterer/Vendor Contact

All Sponsors of the Child Nutrition Programs have the option of contracting with a caterer or a Food Service Management Company (FSMC) to operate their food service. Please review the information found on the ADE Website, Contracting for Meal Service.

- All contracts must be approved by the ADE Contracts Management Officer (CMO) and Sponsors must follow procurement procedures.
- Please plan at least 10 days for your contract to be reviewed.
- Veronica Cramer
 Contracts Management Officer
 Health and Nutrition Services
 (602) 364-1965

 Veronica.Cramer@azed.gov

Required if you plan to participate in USDA Foods (commodities).

Food Distribution
Program Delivery
Information Form

Food Distribution Delivery Information Form

- Access to this program requires additional training and access to CNP2000. More information regarding USDA Foods and the CNP2000 system can be found in the <u>ADE USDA Foods/Food Distribution Webpage</u>.
- Participation in USDA Foods Program is required to participate in the DoD Fresh Produce program.
- Participation in these programs may help reduce your food costs significantly.

Technical Assistance

If you have any questions about filling out any application forms, please feel free to contact the Health & Nutrition office at 602-542-8700 and ask for our New Sponsor specialist for National School Lunch Program.